

SAMPLE FORM

Electronically file the " Transcript Redaction Request" on CM/ECF and provide a paper copy to the court reporter or transcriber.

Attorney Name
Bar Number
Firm Name
Firm Address
Firm Phone Number
Firm Fax Number

Attorney for

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

Plaintiff(s),

vs.

Defendant(s).

Case #

Transcript Redaction Request

Pursuant to Fed.R.Civ.P. 5.2/Fed.R.Crim.P. 49.1, _____

Plaintiff/Defendant requests that the following personal identifiers be redacted from
the transcript filed _____ by Court Reporter/Transcriber

_____:

Redact the Social Security number on page 13, line 5 to read

xxx-xx-1111;

Redact the Taxpayer Identification number on page 5, line 4 to read

xxxxxxx1234;

Redact the date of birth on page 22, line 7 to read

xx/xx/1959;

Redact the minor' s name on page 12, line 16 to read

L. M.

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Redact the financial account number on page 56, line 2 to read
xxxx-xxxxxx5432;

Redact the home address on page 44, line 10 to read
(city) _____ and (state) _____

Dated this _____ day of _____, 200__.

/s/ Attorney' s Name
Attorney' s Name

Certificate of Service

I hereby certify that on (date), I electronically filed the foregoing with the Clerk of
Court using the CM/ECF system which will send notification of such filing to the
following: _____

and I hereby certify that I have mailed this document by U. S. Postal Service to the
following Court Reporter or Transcriber and non-CM/ECF participants at the addresses
listed below:

Court Reporter/Transcriber: _____

Non-CM/ECF Participants: _____

/s/ Attorney' s Name
Attorney' s Name and Bar Number